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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

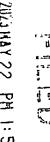
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TALL MINSSELLEL



COVER LETTER

		ration Section on of Corporations				
SUBJE	ΈΤ٠	Palmetto Burgers, Inc.				
SODUL		Name o	f corporation	- mus	t include suffix	
Dear Sir	гог М	adam:				
"Certific	cate of	"Application by Foreign Co Existence," or "Certificate ced foreign corporation to tr	of Good Stand	ding":	and check are submitte	siness in Florida," ed to register the
Please r	eturn a	all correspondence concerni	ng this matter	to the	following:	
Richard	A. Lat	ta, Esq.				
		-	Name of I	Person	1	
Stafford	Rosen	baum LLP				
			Firm/Com	pany		-
222 Wes	st Was	hington Avenue, Suite 900				
			Addre	ess		-
Madisor	n, WI .	53703				
			City/State at	nd Zip	code	
tammy@	@bleed					
		E-mail address	: (to be used f	or fut	ire annual report notifi	cation)
For furt	her in	formation concerning this m	atter, please c	all:		
Richard A. Latta 608		25	259-2648			
	Nam	e of Person	Area Cod	<u> </u>	Daytime Telephone	Number
	Regis Divis The C 2415	EET/COURIER ADDRES stration Section ion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303			MAILING ADDI Registration Section Division of Corpo P.O. Box 6327 Tallahassee, FL 3	on rations
Please n	nake ch	check for the following amoreck payable to: FLORIDA DI ing Fee	EPARTMENT g Fee & - T	■ \$ 78.] \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION	,,,	
(If name unavaila	able in Florida, enter alternate corporate name ac	iopted for the purpose of transacting	business in Flori	da)
Wisconsin	3.	92-2680779		
(State or country	y under the law of which it is incorporated)	(FEI number, if app	licable)	
January 19, 2023	³ 5.	<u></u>		<u>-</u>
(Date	of incorporation)	(Date of duration, if other th	nan perpetual)	
				<u></u>
	(Date first transacted business in (SEE SECTIONS 607.1501 & 607.150		v)	
1651 Kieking Cou	•	2, F.S., to determine penaity haoring	<i>)</i>	
2651 Kirking Cou		e <u>street</u> address)		
Portage, WI 539	•	e <u>street</u> address)		
Tottage, W1 337		address, if different)		
	(02.10			
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)	•	[] []
	C T Corporation System	<u> </u>		1023 HAY 2
Name:			ا <u>د د د د د د د د د د د د د د د د د د د </u>	~ ~ ~
ffice Address:	1200 South Pine Island Road		(z)	~
	Plantation	, Florida <u>33324</u>	17, . 1	₩ 3£
	(City)	(Zip code)	1	
D				5 9
	ent's acceptance: ed as registered agent and to accept service	e of process for the above stated	corporation at t	he pla
signated in this	application, I hereby accept the appointme	ent as registered agent and agree	e to act in this co	pacity
	omply with the provisions of all statutes rei with and accept the obligations of my posi		performance o	f my d
a i am jamutar	C T Corporation System	non as registeren akenn		
Ву:	Nichol McCroy Nichol McCroy	Assistant Secretary		
_	(Registered agent's sign	nature)		

^{10.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS			
☐ Chairman	Name: Chad A. Stevenson	□Chairman	Name:
□Vice Chairman	Address: N1756 County Road T	□Vice Chairman	Address: W7122 Thiel Road
Director	Endeavor, W1 53903	□Director	Portage, WI 53901
■ President		□President	
□Vice President		■Vice President	
□ Secretary	☐ Treasurer	□Secretary	☐ Treasurer
□Other	Other	□Other	Other
□Chairman	Chris Jennings Name:	□Chairman	Name: James Rhode
	Address: 8408 Starlight Loop	□Vice Chairman	Address: 14739 Amberjack Terrace
Director	Parrish, FL 34219	Director	Lakewood Ranch, FL 34202
□President		□President	
□Vice President		□Vice President	
□Secretary	□Treasurer	☐ Secretary	☐ Treasurer
Asst Sec	retary Other	Other Asst Secr	retary Dother
□Chairman	Name:	□Chairman	Name:
□Vice Chairman	Address:	□Vice Chairman	Address:
□Director		□Director	
□President		□President	
□Vice President		□Vice President	
Secretary	□Treasurer	□Secretary	Treasurer
Other	Other	□Other	
	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department Signature of Director of	nt of State Annual Re	
The officer or dire she is aware that f s.817.155, F.S.	ector signing this document (and who is listed in number alse information submitted in a document to the Depart	11 above) affirms the nent of State constitution	nat the facts stated herein are true and that he or utes a third degree felony as provided for in
	evenson, President		

United States of America State of Wisconsin

DEPARTMENT OF FINANCIAL INSTITUTIONS



Division of Corporate & Consumer Services

To All to Whom These Presents Shall Come, Greeting:

I. Craig Heilman, Administrator of the Division of Corporate and Consumer Services, Department of Financial Institutions, do hereby certify that

PALMETTO BURGERS, INC.

is a domestic corporation or a domestic limited liability company organized under the laws of this state and that its date of incorporation or organization is January 19, 2023.

I further certify that said corporation or limited liability company has not yet completed its initial report year and, accordingly, has not yet filed an annual report under ss. 180.1622, 180.1921, 181.0214 or 183.0212 Wis. Stats., and that said corporation or limited liability company has not filed a statement or articles of dissolution.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the official seal of the Department on May 19, 2023.

CRAIG HEILMAN, Administrator Division of Corporate and Consumer Services Department of Financial Institutions

DFI/Corp/33

To validate the authenticity of this certificate

Visit this web address: http://www.wdfi.org/apps/ccs/verify/

Enter this code: 361974-FA5422EA